

<b>REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	09/804,481
	Filing Date	March 12, 2001
	First Named Inventor	David de Graaf
	Art Unit	1639
	Examiner Name	Epperson, J.
	Attorney Docket Number	WIBR-523-101

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: **75436**

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with  
Customer Number:

**75436**

OR

☐ Firm or Individual Name **Lisa M. Treannie, Esq.  
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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature



Name

**Carla DeMarrà**

Date

**6/2/08**

Telephone

**617-258-5101**

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of **1** forms are submitted.